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PTO/SB/21-(05-03)
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CE SOL		Application Number	10/081,77	1								
ENERGY OF	TOALLORAITTAL	Filing Date	February 20, 2002									
ENTER	TRANSMITTAL	First Named Inventor	COX, DAV	/ID R.								
	FORM		Group Art Unit	1637								
	(to be used for all correspondence after init	Examiner Name	CALAMITA, HEATHER									
	Total Number of Pages in This Submissi	Attorney Docket Number	UCSF-127CIP2									
ENCLOSURES (check all that apply)												
	Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Documents  Response to Missing Parts/  Incomplete Application  Response to Missing Parts  under 37 CFR 1.52 or 1.53	CD, N	sing-related Papers on on to Convert to a ional Application of Attorney, Revocation ge of Correspondence ss nal Disclaimer est for Refund umber of CD(s		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):							
	SIGNA	TURE OF APPL	LICANT, ATTORNEY, OF	AGENT								
(Reg. No	Januala Si	& FRANCIS, LLI										
Date	May 10, 2006/											

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PTO/SB/17 (12-04)
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73		Complete if Known										
Fees pursuant to the Cons	I.R. 4818).	Application Numb	per	10/081,771								
FEE TF		Filing Date		February 20, 2002								
	<b></b>	First Named Inve	entor	COX, DAVID R.								
F		Examiner Name		CALAMITA, HEATHER								
Applicant claims s	.27	Art Unit	$\longrightarrow$	1637								
TOTAL AMOUNT OF		Attorney Docket	No.	UCSF-127CIP2								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 50-0815  Deposit Account Name: Bozicevic, Field and Francis LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
	) indicated below						t for the filing fee					
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATI												
1. BASIC FILING, S				,		ALBIATION COO						
		G FEES Sma <u>ll Entity</u>	ŞEAI	RCH FEES Small Entity	EXAN	INATION FEES Small Entit						
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (	\$) <u>Fee (\$)</u>	Fees Paid (\$)					
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130							
Plant	200	100	300	150	160		<del></del>					
Reissue	300	150	500	250	600							
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Authorized dependent plaims  Small Entity  Fee (\$)  25  100  180												
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)				Fee Paid (\$)		Iltiple Dependent Claims Fee (\$) Fee Paid (\$)						
HP = highest number Indep. Claims	of total claims paid Extra C			Fee Paid (\$)	_							
	or HP = r of independent clai	ms paid for, if are	eater than 3									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =   Number of each additional 50 or fraction thereof   Fee (\$)   Fee (\$)    (round up to a whole number)   x   =   Fee Paid (\$)												
4. OTHER FEE(S)  Fee Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other: Extension of Time 225												
SUBMITTED BY												
Signature	Januar 1	Aherwood	Regis (Attorn	tration No. ey/Agent) 36,67	<b>'7</b>		one (650) 327-3400					
Name (Print/Type)	Pamela J. She	rwood				Date 0	5/10/2006					

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